|   | PATEN  | T APPLICATI<br>Effe   | ON FEE             |                                       |              | TION REC           | ORI                | <b>D</b>      |                      | eation of    | Dockel N            | umber  |    |
|---|--|---|--------------------|---------------------------------------|--------------|--------------------|--------------------|---------------|----------------------|--------------|---------------------|--|----|
|   | · •  | CLAIMS A  | AS FILED<br>(Colum |                                       | ·            | umn 2)             |                    | SMALL<br>TYPE | ENTIT                | -            |                     | ER THAN<br>L ENTITY                              | 1  |
| ī   | OTAL CLAIM                                     | IS  | 22                 |                                       |              |                    | 1                  | RATE          | F                    | EE           | RATE                |  | -  |
| ŗ   | OR   |   | NUMBER FILED       |                                       | NUMBER EXTRA |                    | 1                  | BASIC F       | EE 38                | 5.00 C       | BASIC FI            | E 770.00   |    |
| 7   | OTAL CHARG                                     | EABLE CLAIMS  | W m                | N minus 20≈                           |              | .2                 |                    | XS 9          | . //                 | 7            | R X\$18-            |  | 1  |
| IN  | DEPENDENT                                      | CLAIMS  | 2 minus 3 =        |                                       | .0           |                    |                    | X43=          | 1                    |              | Yes                 | 1  | 1  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                    |                                       |              |                    |                    |               | -}                   | $\dashv$     |                     | +  | -  |
| • 1   | the difference                                 | ce in column 1 is   | less than a        | zero enter                            | TO" in       | columo 2           | 3                  | +145:         | -                    | <del></del>  | R +290=             | <u> </u>   | ↲  |
|   |  | CLAIMS AS   |                    |                                       |              |                    |                    | TOTAL         | 40                   | ٥ ک          |                     | <u> </u>   | -  |
|   |  | (Column 1)  |                    | ED - PART II<br>(Column 2) (Column 3) |              |                    | )                  | SMAL          | L ENTI               | TY OI        |                     | R THAN<br>. ENTITY                               | 1  |
| AMENDMENT A   | 10/6/05  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                         |                    | HIGHI<br>NUME<br>PREVIO<br>PAID F     | BER          | PRESENT<br>EXTRA   |                    | RATE          | ADI<br>TION<br>FE    | VAL          | RATE                | ADDI-<br>TIONAL<br>FEE                           |    |
|   | Total  | -16   | Minus              | - 25                                  | 2            | -                  |                    | X2 9=         | TT                   | OF           | X\$18=              |  | ]  |
|   | Independent                                    | . 2   | Minus              | -3                                    |              | -                  | li                 | X43=          | $\uparrow$           | Of           | ×86=                | <del>                                     </del> | 1  |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                    |                                       |              |                    |                    | +145±         | ᅻ—                   | 4            | 7                   |  | 1  |
|   |  |   |                    |                                       |              |                    |                    |               | -                    | OF           |                     | <b>\</b>   | ŀ  |
|   | •  | (Column 1)  |                    | (Colum                                | - 21\        | (Column (II)       | A                  | ODIT. FEI     |                      | <b> </b> OF  | ADDIT. FEE          |  | 1  |
| AMENDMENT 8   |  | CLAIMS<br>REMAINING   |                    | HIGHE<br>NUMB                         | ST<br>ER     | (Column 3) PRESENT | ſ                  |               | ADD                  |              |                     | ADDI-  |    |
|   |  | AFTER<br>AMENDMENT  |                    | PREVIOU PAID F                        |              | EXTRA              | lL                 |               | TION                 |              | RATE                | TIONAL<br>FEE                                    |    |
|   | Total  | · 27  | Minus              | - 2                                   | 2            | • 5 ·              |                    | x\$6-         | 125                  | 00<br>OR     | X\$18=              |  |    |
|   | Independent                                    | · 2   | Minus              |                                       | 3            | =                  | ſ                  | X43= -        | 1                    | OR           | X88=                |  | •  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM .  |  |   |                    |                                       |              |                    |                    |               |                      |              | +290=               |  |    |
| ,   | · · · · · ·                                    |   |                    |                                       |              |                    | - <b>-</b> -<br>Al | TOTAL         | 1250                 | D OR         | TOTAL<br>ADDIT. FEE |  | Pd |
| _   |  | (Column 1)  |                    | (Column                               |              | (Cotumn 3)         |                    |               | :                    | <del>-</del> |                     | •  |    |
|   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                         | ٠                  | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | R            | PRESENT<br>EXTRA   | ┢                  | RATE          | ADDI<br>TIONA<br>FEE | T.           | RATE                | ADDI-<br>TIONAL<br>FEE                           | •  |
|   | Total  | •   | Minus              | -                                     |              | • .                |                    | X\$ 9=        |                      | OR           | X\$18=              |  |    |
|   | Independent                                    |   | Minus              | ***                                   |              | •                  | ┢                  | X43=          |                      |              | X86=                |  |    |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM A43.   |  |   |                    |                                       |              |                    |                    |               |                      |              |                     |  |    |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  Appart 555  OR +290= |  |   |                    |                                       |              |                    |                    |               |                      |              |                     | •  |    |
| , H   | the Trighest Nu                                | noer Previously Pak<br>noer Previously Pak<br>ber Previously Paid | I For IN THIS      | SPACE is in                           | es then      | 3. enter "3 "      |                    | DIT. FEE      | ropriate             |              | ADDIT. FEE          |  |    |
| _   |  |   |                    |                                       |              |                    |                    |               |                      | •            |                     |  |    |